



# Santa Rosa County Life Safety/Fire Prevention Department

Santa Rosa County Public Service Center  
6051 Old Bagdad Highway, Room 202  
Milton, Florida 32583

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## Fire Alarm Permit Application

**\*\*Attention:** If your job is located within the city limits of Milton or Midway Fire Protection District, please do not fill out this application. You will need to contact the City of Milton Fire Department or Midway Fire Department \*\*

**\*\*Please submit two sets of shop drawings and equipment specifications for fire panel and all devices to be installed\*\***

Date \_\_\_\_\_

L/S Permit # \_\_\_\_\_  
Bldg. Permit # \_\_\_\_\_  
**Office Use Only**

Project Name: \_\_\_\_\_

Project Physical Address: \_\_\_\_\_

### Occupancy Classification: *(Please specify as referenced in the Life Safety Code)*

- |  |   |   |
|--|---|---|
| <input type="radio"/> Assembly               | <input type="radio"/> Apartments              | <input type="radio"/> Business                    |
| <input type="radio"/> Educational            | <input type="radio"/> Lodging/Rooming Houses  | <input type="radio"/> Industrial                  |
| <input type="radio"/> Health-Care Facility   | <input type="radio"/> One/Two Family Dwelling | <input type="radio"/> Storage                     |
| <input type="radio"/> Detention/Correctional | <input type="radio"/> Residential Board/Care  | <input type="radio"/> Special Structure/High-Rise |
| <input type="radio"/> Hotels/Dormitories     | <input type="radio"/> Mercantile              | <input type="radio"/> Other _____                 |

### Type of Building:

- |  |   |  |
|--|---|--|
| <input type="radio"/> New Construction | <input type="radio"/> Existing Building | <input type="radio"/> Remodel/Addition |
|--|---|--|

### Type of Work:

- |                                  |   |
|----------------------------------|---|
| <input type="radio"/> New System | <input type="radio"/> Existing Upgrade/Change Out |
|----------------------------------|---|

Cost of Installation: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Number of Devices: \_\_\_\_\_  
(Pull Stations, Alarm Devices, etc.)

Number of Stories: \_\_\_\_\_

Is the alarm system to be monitored? ☐ Yes ☐ No

If yes, please give monitoring facility \_\_\_\_\_

If this is a change-out please give a brief description of work to be done: \_\_\_\_\_

### List all sub-contractors working under this permit:

Contractor Name	Address	Phone Number
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_____	_____	_____
_____	_____	_____

**Notice to Applicant:** Prior to issuance of a permit, we must have on file a current copy of the following:

- (1) State license,
- (2) Occupational License
- (3) Liability insurance
- (4) Workman's compensation.

**Fire Alarm Sequence of inspections:**

- (1) Rough-in inspection of device placement and wiring
- (2) Final test and certification inspection.

**All inspections must be called in and scheduled with the Life Safety/ Fire Prevention Department 24 hours in advance.**

Contractor: \_\_\_\_\_

Contractor State Registration Number: \_\_\_\_\_

Contractor's Mailing Address: \_\_\_\_\_

Contractor's Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Applying

\_\_\_\_\_  
Printed Name of Applicant